

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 10 MAY 2020

HOSTED MENTAL HEALTH AND LEARNING DISABILITIES INPATIENT SPECIALIST SERVICES

1 Recommendation

It is recommended that the Integration Joint Board (IJB):

- 1.1 Note the risks and the progress made in regards to the risks identified;
- 1.2 Note the update report and consider any other information at the meeting of the Aberdeenshire Integration Joint Board on 10th May 2023

2 Directions

- 2.1 No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3 Risk

- 3.1 IJB Risk 8 - Risk of failure to deliver standards of care expected by the people of Aberdeenshire in the right time and place - transformational change and service improvement will support the delivery of this outcome.

4 Background

- 4.1 Hosted Mental Health and Learning Disabilities (MHLDS) deliver Inpatient, Specialist Services, and Child and Adolescent Mental Health Services within Royal Cornhill Hospital (RCH). RCH is an in-patient Mental Health and Learning Disability service organised to ensure that those requiring longer term assessment and care, for example patients with dementia, are cared for as close to home as possible with units based in a number of community hospital sites.

Specialist Acute Mental Health assessment units are located at RCH, (and at Dr Gray's Hospital (DGH) in Elgin, though DGH MHLDS are not within Hosted MHLDS) with all other specialist in patient services, for example Forensic Psychiatry and those with severe Learning Disabilities provided at RCH.

In addition to the hospital-based services, two in-patient units exist at Polmuir Road and Great Western Lodge in Aberdeen City to provide stepped rehabilitation.

The RCH provides services for the whole of Grampian, Orkney, Shetland, and the Ministry of Defence and have a regional Eating Disorders Unit (Eden Unit) serving the North of Scotland.

The disposition and function of all in-patient Mental Health Units is summarised in (Appendix A, Figure 1 and 1a). Whilst the wards contained in Figure 1 do not form part of the Hosted Service, they do form part of the pathway for patients who have been admitted to Royal Cornhill Hospital. Patients may go to one of these Aberdeenshire Units if they live close by, to ensure patient centred care is delivered close to home.

All Mental Health and Learning Disability Services are delegated with no services now being managed under NHS Grampian. Currently, the budgets for the 'Hosted' services still sits with NHS Grampian. The Director of Finance of NHS Grampian is convening a working group over the coming year with a view to transferring the budget by 31st March 2024.

This paper is prepared as an update position providing information as to the range of specialist services operating under 'Hosted MHL D Services', this includes the following summary of the current position and challenges:

4.2 **Child and Adolescent Mental Health Service**

It has been a very successful year for our CAMHS service with the following work being progressed:

- CAMHS Grampian continues to meet the 90% Scottish National Waiting Time Standard
- Roll out of Enhanced Psychology Practitioner posts National Education for Scotland (NES) funded, also in Adult Mental Health to be aligned with early intervention within the three Health and Social Care Partnerships.
- Test of change site for two Silver Cloud Cognitive Behavioural Therapist (CBT) programmes for those patients who may not need to be seen by CAMHS or who are waiting.
- Roll out of Trakcare to enhance reporting on waiting times and in preparation for electronic patient record.
- Creation of Dialectical behaviour therapy (DBT) team and roll out of DBT training.
- Roll out of Distress Brief Interventions (DBI) in particular areas.
- Therapeutic garden development at Links Unit
- Hosted the CAMHS Connection event which was a multi-agency networking event.
- Workforce wellbeing initiatives
- Brief Behavioural Activation pilot for people waiting to be seen by CAMHS.
- Roll out of Functional Assessment of the Care Environment (FACE) Caras risk assessment tool.
- Providing Multi-agency training - opening up our (Continued Professional Development) CPD programme to our partners.
- Part of the Health and Wellbeing collaborative - Aberdeen City
- Joint posts with Local Authority ('FitLike' Hubs, Psychology posts in Shire for 'The Promise').



- Social Work student placements embedded within CAMHS - pilot of this.
- Neurodevelopmental test of change in Aberdeen City, which is developing innovative solutions to accessing Neurodevelopmental assessments and diagnosis.
- Pilot for VCreate, which is secure video technology that connects patients/families and clinical teams for improved diagnostic management and enhanced family-focused care.
- Creation of a CAMHS Grampian Website

4.3 **Grampian MHLDS Transformation Programme of Work**

Transformation work has commenced again following a delay due to the Covid-19 response and subsequent remobilisation. The work will be done in line with the Grampian Wide Strategic Framework for a future proof, Sustainable Mental Health and Learning Disability Service (April 2020-April 2025) document. The first workshop with a range of stakeholders present was held on the 5th December with the rest planned for early 2023 looking at what the priorities are for the Mental Health and Learning Disability Service as a whole and how change can be facilitated.

4.4 **Ligature Reduction Programme (including *Ward 4, Dr Gray's Hospital)**

The ligature reduction programme has required £16m of investment to date. The ligature reduction work on the six wards at RCH is now complete with occupation of the final two wards delayed due to a legacy water quality, resulting in infection, prevention and control (IP&C) issues. Remedial work has now resolved the water issues, with a plan to open these two remaining wards anticipated around end May 2023. The risks over RCH clinical capacity and environmental risks were discussed within a 'Roundtable' meeting between NHS Grampian Chief Executive Team and invited Regulators, on Thursday 21st, and Friday 22nd April 2023.

4.5 **Ward 4 Dr Gray's Hospital:** A formal programme governance structure has now been agreed to progress the ligature reduction works for Ward 4 at Dr Gray's Hospital, the remaining high risk ligature environment. A service solution to vacate the facility is still pending, and there is now sufficient confidence that a workable solution can be achieved and that a formal project governance structure is now in place with a view to preparing a business case for consideration and approval by the Board in the near future. There are obvious dependencies between this project and the planned MRI development at Dr Gray's Hospital and the programme management structure has been created to ensure the two projects are properly integrated.

4.6 **Impact of Scolty Ward closure**

RCH has been under increased pressure in the advent of the closure of Scolty. Scolty Ward is a 12 bedded Dementia Unit located in Glen O' Dee Hospital. The ward is currently not in operation. Patients from Scolty were moved to Morven Ward and some patients with significant and complex needs, moved to other specialist dementia units. It does not form part of the Hosted service, although it does form part of a pathway for the Older Adult

patients who have a diagnosis of dementia and who may have been/or are an inpatient in Royal Cornhill Hospital.

4.7 **Flow and Acuity**

We have seen an increase in patient acuity with around 60% of our patients detained under the Mental Health Care and Treatment Act 2003. This has been due to a number of factors; lockdowns due to Covid-19 pandemic saw people isolated and not seeking support with mental health issues, the community teams supporting unwell patients out in the community as there is no capacity in the hospital to admit in a timely fashion and the change in the way clinicians worked i.e., no face-to-face appointments has been challenging for a variety of patients.

This has led to longer patient stays with our average length of stay 34.8 days in our acute adult admitting wards and 69.4 days in our Older Adult Wards. This gives us challenges in RCH regarding flow into the hospital, but it also causes challenge for colleagues in the community who cannot admit patients in a timely manner.

4.8 **Workforce**

RCH continues to have significant workforce challenges in regard to the recruitment and retention of registered staff; Nursing, AHP's and Medical. Appreciating the challenging nature of the work means that the service ensures there is a functioning Staff Partnership meeting every month and a Healthy Working lives group that meets monthly and highlights initiatives staff may want to take part in to improve wellbeing at work. For example encouraging staff to take a walk round the site at lunchtime using one of the recognised routes.

4.9 **Nursing**

We have recently had our new graduate nurses' start and the NGNs were able to gain employment in the areas they selected. However, this was challenging this year by many students having to make up training time due to the pandemic interfering with their training. This meant that some failed exams or the course. Projected workforce plans had to be amended due to this.

A positive was the upgrade of the Band 2 HCSW to Band 3 due to the level of training specifically PMVA. It is hoped that this may help sustain the HCSW workforce which is difficult to maintain, and we are with the service currently seeing a lack of suitable candidates.

A return to practice advert for Mental Health and Learning Disability Service has attracted some applicants, unfortunately none to the inpatient services as yet. Exploration of the Open University route into Mental Health Nursing is being encouraged for staff who would like to apply but do not have the academic grades for RGU.

4.10 **Medical**

In 2021 Grampian Mental Health and LD services launched the first ever sponsored CESR (Certificate of Eligibility for Specialist Registration)

Fellowship in Scotland. The programme provides access to a sponsored route for GMC registration for international Psychiatrists keen to gain experience and work in Scotland. These doctors hold an international postgraduate qualification in Psychiatry and have extensive experience of working in mental health. The three year programme provides valuable experience in a specific specialism in Psychiatry and facilitates experience in a variety of specialisms and other non-clinical experience needed for a successful CESR application. Our first CESR fellowship programme was advertised in January 2022 and received a high number of international applications. The GMC regulations around sponsorship and further visa delays due to global factors impacted the start dates for the fellows, but in September 2022 we welcomed 5 CESR fellows in General Adult Psychiatry in Grampian. We have further expanded the CESR fellowship to include CESR in OAMHS (Older Adult Mental Health) from 2023, and we are looking forward to a second round of recruitment by the end of 2022.

4.11 **Allied Health Professionals**

All disciplines apart from Speech & Language Therapy within in-patients hosted services (Dietetics, Physiotherapy and Occupational Therapy) have experienced some extended vacancy periods and levels of turnover in all grades of staffing, the same is being seen in the community and services are often pursuing the same staff.

Dietetics had Band 6 & 7 movement over the summer, this settled but notice has been received so further movement is imminent. For such a small team of 6 staff covering Eden Unit and the rest of mental health services any staff turnover is significant.

Physiotherapy has had maternity cover and their usual staff rotation with vacancies earlier in the year and over the summer, currently in an improved position. A band 6 post continues to be vacant, these posts are challenging to fill across a range of services.

Occupational Therapy in all areas has had a range of short- and longer-term vacancies with some posts now awaiting new incumbents but lengthy gaps meaning interim arrangements having to be put in place which spreads the strain further on existing staff. Eden, Adult Mental Health, Older Adult Mental Health, Blair Unit and Learning Disabilities have all had a range of graded vacant posts throughout the year with a lot of work to redesign and skill mix to find the best options for filling posts and delivering services. Some posts remain unfilled despite recurrent advertising.

Along with the Band 4 Wellbeing and Enablement Practitioner work ongoing, services are redesigning to enable the sustainability of same. An example of this is the Occupational Therapy service looking to appoint to a dual role covering adult services and specialisms (specifically the forensic service).

- 4.12 **Infrastructure:** Although ageing, compared with other critical parts of the Board's physical estate, the accommodation occupied by our Mental Health in-patient services is in a relatively good physical condition. Like all parts of our estate there is a requirement for backlog maintenance to ensure the

physical integrity and safety of the building and engineering infrastructure but in general terms the issues raised are not unusual and typically include:

- Access to and maintenance of garden spaces,
- Leaks in roof spaces,
- Window repairs,
- Repairs to sanitary facilities,
- Decoration.

All regular maintenance issues are reported through the help desk facility managed by the Estates team who liaise with local management to review and prioritise all essential repairs. Where a matter requires substantial repair or significant investment in backlog or cyclical maintenance then this is risk assessed and prioritised against all other critical areas based on available funding and agreed through the Board's Asset Management Group. With the exception of some minor ongoing maintenance activity, there are currently no significant or high rated backlog maintenance risks associated with the building and engineering components of the accommodation.

4.13 Forensic Service: The Barron Report, an independent review of Forensic Services commissioned by the Scottish Government, was published in 2020. The report was particularly critical of the current dormitory style accommodation in NHS Grampian's Blair Unit *"the Review was disappointed to find people in one area were required to share rooms, including some in four bedded dormitory accommodation"*.

The report also highlights the general fabric of the building becoming a security risk as the condition deteriorates, a lack of dedicated female forensic beds, flow and privacy within the facility and a lack of en-suite provision as key issues.

Notwithstanding the recommendations arising from the Barron Report and the associated political pressure to make improvements, it should be recognised that a significant upgrade to the existing unit is unlikely to be feasible. The nature of the work will be invasive and will require vacant occupation of part or all of the facility during construction. Demand for the specialist services of the Blair Unit is very high and there is no other suitable facility that can be used to decant patients while we carry out the necessary works. The level of physical works that we can meaningfully deliver in the short term will therefore be restricted to only those elements that can be delivered with minimal impact and distress to the patients in situ.

We have commissioned an options appraisal to consider this and hope to be in a position to report back to the NHS Grampian Asset Management Group (AMG) with recommendations for a possible programme of deliverable short term improvements by the end of December. To progress this work, we have recently agreed that the existing Ligature Reduction Programme Board (LRPB) which has overseen the highly successful programme of ligature reduction works in the Acute Mental Health Assessment wards, will now take responsibility for developing an improvement programme for the Blair Unit. This work will also include, in the longer term, the development of a

business case for a new fit-for-purpose facility. Timing of this obviously would be dependent on the availability of capital funding from the Scottish Government.

4.14 Psychological Therapies

Extensive waits for Psychological Therapies (PT) within NHS Grampian have resulted in the Board receiving tailored support from the Scottish Government (SG) to create an improvement and development plan to understand and address issues. The Scottish Government mandates that waiting lists are reduced by March 2023. NHS Grampian has begun to engage with a process of improving performance, working alongside SG specialist advisors for mental health.

Historically, within NHS Grampian the landscape with regards to the provision of Psychological Therapies is heterogeneous and complex, with multiple distinct areas, teams and services. There is multi-professional delivery with varying Matrix level provision and different waits.

The Director of Psychology post has been vacant since early 2021, coinciding with the Covid-19 pandemic and huge associated pressures on Health and Social Care systems. In the absence of this post, there has been limited whole systems work focussed on PT planning and performance.

To ensure governance around Psychological Therapy waiting times there is an improvement board to support the delivery of an improvement plan. Assurance is given to the Hosted Senior Leadership team on progress of the improvement plan at the Hosted service monthly governance meeting which is chaired by the Chief Nurse. This then feeds into the Aberdeen City Clinical and Care Governance committee.

4.15 Audits

RCH has had an active 12 months in regards to Audit. We have a bi-monthly Quality Improvement and Audit meeting where the agenda is centred on the rolling programme of audits, audits completed and planned audits. We currently have 21 'live' audits ranging from quality of referrals to completion of Core Discharge Documents. Completed Audits are used to proactively improve service delivery.

4.16 Complaints

RCH has received 66 complaints from 01/01/2022 – 01/01/2023. 22 of these were directed to the CAMHS service, with the remainder (44) for the Hosted service. The below table offers further details:

Specialty	Number of Complaints	Early Resolution	Proceeded to Investigation
Acute Admission Wards	20	7	13 (1 upheld) (1 partially upheld) (5 not upheld)



			(6 ongoing responses).
Adult Liaison Psychiatry	3	1	2 (Upheld)
Clinical Psychology	1	0	1 (not upheld)
Eating Disorders	2	0	2 (ongoing)
Forensic Wards	6	3	3 (1 ongoing) (2 not upheld)
Long Stay Wards	1	0	1 (Partially upheld)
Older Adult Wards	2	0	2 (2 ongoing)
Gender Identity Clinic	6	2	4 (3 upheld) (1 ongoing)
Unscheduled Care	3	1	2 (not upheld)
CAMHS	22	6	16 (6 not upheld) (2 ongoing) (2 partially upheld) 5 (upheld) 1 (no consent)

4.17 Finance

We are forecasting an overspend at year end of £1.25M which takes into account an increase in service usage over the winter period as well as the opening of the New Fyvie ward. The main cause of the overspend is a significant spend on Agency Nursing (£945K year to date) as well as an outstanding legacy target of £218K year to date (£326K for the year). This has been partly offset by an over-recovery in income of £462K related to Service Level Agreements with NHS Orkney and NHS Shetland.

The service is trying to identify 2% savings and are activity working on a savings plan however some costs are likely to increase i.e. use of agency staff.

The increased spend on Agency nursing is twofold. Firstly the inability to recruit to nursing posts has meant that the service has often had to work below safe staffing numbers, this has meant increased pressure on the service to deliver safe and effective patient care. Secondly patient acuity in our forensic and Intensive Psychiatric Unit (IPCU) has meant that the service has had to request agency staff in order to maintain patient care and safety for staff and patients. Following the successful introduction of Band 4 Wellbeing and Enablement Practitioners into 3 of the ward areas, the service are looking to extend this into other ward areas. The practitioners undergo a 2 year course at the Robert Gordon University and are welcome additions to the wards.

5 Summary

5.1 'Hosted MHL D Services' present an updated position



- 5.2 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6 Equalities, Staffing and Financial Implications

- 6.1 An equality impact assessment is not required because this report includes updates on the delivery of a hosted service, within Aberdeen City HSCP. This report has no differential impact on people with protected characteristics.

Pamela Milliken, Chief Officer, Aberdeenshire Health and Social Care Partnership

Report prepared by Judith McLenan, Lead for Hosted MHLDS, Inpatients, Specialist Services and CAMHS, April 25th 2023

List of Appendices

- Appendix A – NHS Grampian In-Patient Mental Health Services November 2022
Appendix B – Governance Structure Organogram for Hosted Services
Appendix C – Hosted Service Organisational Chart